

Mississippi
**Application for Retail
Tobacco Permit and License**

TOB

Instructions There is **NO** fee for a retail permit; however, application must be made to obtain a retail permit.

Copies or reproductions of the official form are **not** acceptable. Incomplete forms will be returned without processing.

Name

Address

City State Zip

Begin Date Enter month, day, and year that you began business in the state.

Enter Trade Name of Business below.

Sales Tax Number If your Sales Tax Number is not preprinted, please enter your Sales Tax Number here.

Enter Business Location (Street Address, City, County) below.

Enter Federal ID Number or Social Security Number below.

Type of Ownership

☐ Individual

☐ Partnership

☐ Corporation

☐ Other - Explain in space below

If the business is a partnership, list the partners and their addresses in the space below, or if the business is a corporation, list the officers, and their titles, and all stockholders owning 25% or more of the stock of the corporation.

Application is hereby made for a permit to engage in the business of retailing tobacco in the State of Mississippi, at and from the address shown above, under the provisions of House Bill 1389, 1997 Legislature. I declare, under the penalties of perjury, that the above application, to the best of my knowledge and belief, is true and correct, and that the applicant hereby agrees to comply with all provisions of the laws governing the sale of tobacco products and all rules and regulations promulgated under the provisions of the Tobacco Law.

Applicant's Signature

Title

Applicant's Signature

Title

Applicant's Signature

Title

This application must be signed before a notary

Sworn to and subscribed before me, this _____ day of

_____, 19 _____

Mail application to

Tobacco Section
Post Office Box 1033
Jackson, MS 39215